



California Association of Drug Court Professionals

Second Annual Training Conference and Annual Meeting

April 28-29, 2005
Doubletree Hotel, Sacramento

REGISTRATION FORM

- Form and payment must be received by Monday, April 11, 2005
- Limited on-site registration - Contact CADCP (see below) prior to 4/11/05, to make arrangements
- Please print or type
- Questions? Call: (510) 347-4444 or email: heathgroup@comcast.net

Name: _____

Title: _____

Agency/Court/Other: _____

Address: _____

City _____ State _____ Zip _____

Phone () _____ - _____ Fax: () _____ - _____

E-Mail: _____

Will you be staying overnight at the hotel? ☐ Yes ☐ No

List any special needs (dietary, accommodations, etc.) _____

Member of CADCP? ☐ Yes ☐ No ☐ Membership form and \$25 membership fee enclosed.

Enclose a check in the made payable to CADCP:

☐ \$65 for Members

☐ \$75 for Non-members

Send completed form and payment, no later than 4/11/05, to:

California Association of Drug Court Professionals
P. O. Box 1089, San Leandro, CA 94577-0126

Tel: (510) 347-4444 Fax: (510) 553-0402

E-mail: heathgroup@comcast.net